AMENDMENTS TO THE SPECIFICATION

Please amend paragraph **[0021]**, as follows:

[0021] In still another aspect of the present invention, a method for constricting a valve annulus in a beating heart comprises introducing at least a first stabilizing member beneath one or more leaflets of a valve of the heart to engage the annulus at an intersection between at least one leaflet and an interior ventricular wall of the heart. Force is then applied to the first stabilizing member to stabilize the valve annulus. A plurality of individual anchors, such as hooks, clips, barbs, T-tags, rings, anchors made of resorbable polymers such as polylactic acid or polyglycolic acid, or the like, may then be placed at circumferentially spaced-apart locations about at least a portion of the valve annulus while the valve annulus remains stabilized. The anchors may then be cinched via a tether to circumferentially tighten the annulus. Optionally, the method may further include introducing at least a second stabilizing member over the valve leaflets and moving the second stabilizing member toward the first stabilizing member to further stabilize the annulus. In some embodiments, securing the anchors comprises driving the anchors from one of the first and second stabilizing members. Driving the anchors, in turn, may involve inflating an expandable balloon in one of the members to force the anchors at least partially out of the member into tissue of the valve annulus. Optionally, securing the anchors may also involve driving the anchors through tissue of the valve annulus into [[a]] <u>an</u> anchor receiving piece coupled with the other stabilizing member.

Please amend paragraph **[0025]**, as follows:

[0025] In some embodiments, the first stabilizing member includes a semicircular housing, a plurality of tethered anchors disposed within the housing, and at least one expandable balloon for driving the plurality of anchors into tissue of the valve annulus. In some embodiments, the device may include an inflation actuator for inflating the expandable balloon, a release actuator for releasing the anchors from the housing, and a cinching actuator for cinching a tether coupled with the tethered anchors to reduce a diameter of the valve annulus. The first stabilizing member may be configured to ~~allowing~~ <u>allow</u> driving of the plurality of anchors in any suitable direction or configuration. For example, in some embodiments the first stabilizing member will be configured

for positioning under a heart valve annulus and for driving anchors upwards (or superiorly) into or through the annulus. In another embodiment, a stabilizing member may be configured for positioning above an annulus and for driving anchors downwards. Alternatively, a stabilizing member may be positioned outside a heart wall or other structure, with anchors driven inwardly. And as discussed above, these devices may be used to perform other cardiac and non-cardiac procedures, such as anchoring and cinching a gastroesophageal junction, bladder outlet or other structure.

Please amend paragraph **[0027]**, as follows:

[0027] In alternative embodiments, either the first stabilizing member, the second stabilizing member or both may include any of a number of annulus treatment devices. For example, in one embodiment a stabilizing member may include an energy ~~deliver~~ <u>delivery</u> device, such as a radiofrequency delivery device, for transmitting energy to a valve annulus to constrict the annular tissue. In another embodiment, a stabilizing member may include a mechanical support member or other deployable device that is couplable with a valve annulus. For example, a shape memory stent may be coupled with a stabilizing member such that when the stent is coupled with annular tissue and deployed, it shrinks longitudinally to reduce the diameter of the annulus. In other embodiments, multiple such stents may be used. These and other embodiments are described more fully below with reference to the drawing figures.

Please amend paragraph **[0042]**, as follows:

[0042] In addition to stabilizing, methods and apparatus of the present invention may also help expose, position, or delineate the valve annulus, to enhance the physician's ability to view and operate on the annular tissue. Some embodiments also include a second stabilizing member, to be introduced above the leaflets, allowing a physician to grasp or clamp annular tissue between the upper and lower stabilizing members for further stabilization. Various embodiments further provide for treatment of a valve annulus. For example, either the upper or lower stabilizing member may include actuators or effectors for performing any one or more of a variety of interventions. For

example, either or both stabilizing members [[hay]] <u>may</u> be adapted to deliver devices for constricting or reshaping the valve annulus to treat regurgitation or other conditions. The devices may comprise anchors, tethered anchors, rings, or the like for reinforcing or cinching the annulus. In a specific example, the stabilizing member may be configured to hydraulically or otherwise deliver a series of tethered hooks, tethered clips or other tethered anchors or fasteners for engaging and cinching valve annulus tissue to decrease the diameter of a regurgitant valve. The stabilizer(s) will also be adaptable for delivering other therapies, including applying radiofrequency energy (or other heat sources) to shrink the collagen tissue in the annulus, delivering bulking agents, delivering drugs and biological agents such as growth factors.

Please amend paragraph **[0044]**, as follows:

[0044] Referring now to Figure 1, a heart H is shown in cross section, with a stabilization device 100 introduced within the heart H. Generally, stabilization device 100 comprises an elongate body with at least a first stabilizing member 102 at its distal end for providing stabilization and/or exposure of a heart valve annulus. In some embodiments, the elongate body comprises a rigid shaft, while in other embodiments it comprises a flexible catheter, so that the first stabilizing member may be positioned in the heart H and under one or more valve leaflets to engage [[an]] <u>a</u> valve annulus via a transvascular approach. Transvascular access may be gained, for example, through the internal jugular vein (not shown) to the superior vena cava SVC to the right atrium RA, across the interatrial septum to the left atrium LA, and then under one or more mitral valve leaflets MVL to a position within the left ventricle (LV) under the valve annulus (not shown). Alternatively, access to the heart may be achieved via the femoral vein and the inferior vena cava. In other embodiments, access may be gained via the coronary sinus (not shown) and through the atrial wall into the left atrium.

Please amend paragraph **[0046]**, as follows:

[0046] With reference to Figures 1A and 1B, a method for using stabilization device 100 is depicted in a cross-sectional view. First, as in Figure 1 A, stabilizing member 102 is positioned in a

desired location under a valve leaflet L and adjacent a ventricular wall VW. The valve annulus generally comprises an area of heart wall tissue at the junction of the ventricular wall VW and the atrial wall AW that is relatively fibrous and, thus, significantly stronger [[that]] than leaflet tissue and other heart wall tissue. Stabilizing member 102 may be advanced into position under the valve annulus by any suitable technique, some of which are described below in further detail. For example, using a stabilization device having a flexible elongate body as shown in Figure l, stabilizing member 102 may be passed from the right atrium RA through the interatrial septum in the area of the foramen ovale (not shown--behind the aorta A), into the left atrium LA. Oftentimes, stabilizing member 102 will then naturally travel, upon further advancement, under the posterior valve leaflet to a position under the valve annulus VA, as shown in Figure 1 A.